

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-02

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
1933 of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 29a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Page 29a

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to remove the reference to QI-2s in the state plan.
Federal law terminated this program as of December 31, 2002.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME **Lynn Read**

Jean Thorne

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED:

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **FEB 18 2004**

18. DATE APPROVED: **APR - 2 2004**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Karen S. O'Connor

22. TITLE:
**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

Oregon (04-02)
approved: 04/10/04
effective: 01/01/04

Revision: HCFA-PM-97-3 (CMSO)
DECEMBER 1997

State: Oregon

Citation

- | | | |
|--|-------|---|
| 1902(a)(10)(E)(ii)
and 1905(s) of the Act | (ii) | <u>Qualified Disabled and Working Individual (QDWI)</u>

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in <u>ATTACHMENT 4.18-E</u> , for individuals in the QDWI group defined in item A.26 of <u>ATTACHMENT 2.2-A</u> of this plan. |
| 1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act | (iii) | <u>Specified Low-Income-Medicare Beneficiary (SLMB)</u>

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of <u>ATTACHMENT 2.2-A</u> of this plan. |
| 1902(a)(10)(E)(iv)(I)
1905(p)(3)(A)(ii), and
1933 of the Act | (iv) | <u>Qualifying Individual-1 (QI-1)</u>

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act. |

TN No. 04-02
Supersedes TN No. 98-02

Approval Date APR - 2 2004 Effective Date 1/1/04